

WATER WELL REPORT

Start Card No. W 155326
 Unique Well I.D. # AGM378
 Water Right Permit No.

STATE OF WASHINGTON

(1) OWNER: Name SANFORD, DELORES A. Address 9751 EAGLE CRK. RD. LEAVENWORTH, WA 98826-
 (2) LOCATION OF WELL: County CHELAN - NE 1/4 NE 1/4 Sec 28 T 25 N., R 18E WM
 (2a) STREET ADDRESS OF WELL (or nearest address) 9751 EAGLE CRK. RD., LEAVENWORTH

(3) PROPOSED USE: DOMESTIC

(4) TYPE OF WORK: Owner's Number of well
 (If more than one)
 Method: ROTARY
 NEW WELL

(5) DIMENSIONS: Diameter of well 6 inches
 Drilled 55 ft. Depth of completed well 53.5 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 6 " Dia. from +1.5 ft. to 53 ft.
 WELDED " Dia. from ft. to ft.
 " Dia. from ft. to ft.

Perforations: NO

Type of perforator used
 SIZE of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

Screens: NO

Manufacturer's Name
 Type Model No.
 Diam. slot size from ft. to ft.
 Diam. slot size from ft. to ft.

Gravel packed: NO Size of gravel
 Gravel placed from ft. to ft.

Surface seal: YES To what depth? 19 ft.
 Material used in seal BENTONITE
 Did any strata contain unusable water? NO
 Type of water? Depth of strata ft.
 Method of sealing strata off SEAL METHOD 1

(7) PUMP: Manufacturer's Name
 Type SUBMERSIBLE H.P.

(8) WATER LEVELS: Land-surface elevation
 above mean sea level ... ft.
 Static level 5 ft. below top of well Date 11/06/01
 Artesian Pressure lbs. per square inch Date
 Artesian water controlled by CAP

(10) WELL LOG

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

MATERIAL	FROM	TO
BROWN CLAY	0	8
BROWN SATURATED CLAY	8	19
GRAY CLAY	19	23
BROWN CLAY	23	29
GRAY SILTY GRAVEL WATER BEARING	29	34
GRAY SILTY SAND	34	38
BROWN SANDY CLAY GRAVEL	38	51
BROWN SANDY GRAVEL WATER BEARING	51	53
GRAY SILTY CLAY	53	55

Work started 11/06/01

Completed 11/06/01

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
 Was a pump test made? NO If yes, by whom?
 Yield: gal./min with ft. drawdown after hrs.

Recovery data

Time	Water Level	Time	Water Level	Time	Water Level
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Date of test / /
 Bailer test gal/min. ft. drawdown after hrs.
 Air test 20 gal/min. w/ stem set at 53 ft. for 1 hrs.
 Artesian flow g.p.m. Date
 Temperature of water Was a chemical analysis made? NO

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME TUMWATER DRILLING, INC.

(Person, firm, or corporation) (Type or print)

ADDRESS P.O. BOX 777

[SIGNED]  License No. 1249

Contractor's

Registration No. TUMWADP 011 LZ

Date 11/07/01

lling Code: 367

tch #: 105027



3019 G.S. Center Road
Wenatchee, WA 98801
(509) 662-1888
Fax: (509) 662-8183

INORGANIC CHEMICALS (IOCS) REPORT FOR NITRATES

System ID No.:		System Name: Delores Sanford	
Lab/Sample No.: 10512373		Date Collected: 11/ 8/01	
DOH Source No.: AGH 378		Multiple Source Nos.:	
Sample Type: U		Sample Purpose: C	
Date Received: 11/ 8/01	Date Reported: 11/ 9/01	Supervisor: Judy L. Brown	
Date Analyzed: 11/ 9/01	Analyst: Jennifer Cotton		
County: Chelan		Group: A B Other X	
Sample Location:			
Send Report To: Tumwater Drilling & Pump Inc P.O. Box 777 Leavenworth, WA 98826		Bill To: Tumwater Drilling & Pump Inc PO Box 777 Leavnorth, WA 98821	

DOH#	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS		Method / Analyst	
EPA REGULATED							Trigger?	MCL?		
114	Nitrite - N	< 0.07	mg/L	0.5	0.5	1	No	No	4500N02-F	JMC
20	Nitrate - N	0.10	mg/L	0.5	5.0	10	No	No	4500N03-F	JMC
161	Total Nitrate / Nitrite	0.100	mg/L	0.5	5.0	10	No	No	4500N03-F	JMC

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information. (509) 456-2475 ask for Scott Fink.

MCL (Maximum contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): in the results column indicates this compound was not included in the current analysis.

ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

< (0.001): Means less than a number. It also indicates that the compound was *not detected* in the sample at or above the concentration indicates.

Comments:

Judy L. Brown



3019 G.S. Center Road
Wenatchee, WA 98801
(509) 662-1888
Fax: (509) 662-8183

Send Results to:

This is your address label, please type or print neatly

Name TUMWATER DRILLING & PUMP INC
Street Address PO Box 777
City, State, Zip LEAVENWORTH, WA 98826
Phone # 509-548-5361

Billing Address:

Name _____
Street Address _____
City, State, Zip _____
Fax # _____

Drinking Water Sample Information (WSI) for Chemical Analysis				
(1) System Name: <u>Delores A Sanford</u>	(2) WFI System ID	(3) Source # <u>A 6M 378</u>	(4) Class <u>A B</u>	(5) County <u>CHelan</u>

(6) Source Type (circle one): Well ☐ Surface ☐ Groundwater ☐
Well field ☐ Spring ☐ Purchased ☐
(7) Utility Name for this Source: Delores A. Sanford Private Well
(8) Sample Taken (circle one): Before treatment After treatment
(9) Treatment Type (circle all that apply routinely):
None Filtration Fluoridation Chlorination Aeration
Water Softener Ozone UV light Other _____

(10) Date Collected: <u>11 / 8 / 01</u>	(11) Time of Collection <u>9 : 49 a.m.</u> / p.m.
(12) Collected by: <u>Tumwater Drilling & Pump</u> Telephone (<u>509</u>) <u>548 5361</u>	
(13) Location of specific sample site: <u>9751 Eagle Creek Rd. Leavenworth</u>	
(14) Sample submitted for approval of new source? (circle one) Yes No	
Circle One: Report to D.O.H. Yes No Fax No Yes \$5.00 Prepaid Fee	

Comments: (15) ☐ No₃ ☐ Pb/Cu ☐ IOC ☐ Other

For Laboratory Use Only

Lab Sample # <u>BAID 105027</u> <u>OIN 12373</u>	Date Received <u>11/8/01</u>	Date Analyzed
-----------------------------------------------------	------------------------------	---------------

Sample submitted for (circle one):
1) Regular monitoring 2) Follow-up of lab sample # _____
3) Verification 4) Confirmation

Sample Preservation: (circle one):
1) 4°C 2) pH2 3) VOC / Ascorbic Acid 4) SOC / Sodium thiosulfate

Lab Comments: _____

Customer Signature _____ Date: _____

3015 GS Center Road • Wenatchee, WA 98801
(509) 662-1888 • 1-800-545-4206
Fax (509) 662-1883

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF BLUE COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED: MONTH DAY YEAR 11 / 8 / 01			TIME COLLECTED: 9:49 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME CHelan
TYPE OF SYSTEM: <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. [] [] [] [] [] [] [] []		CIRCLE GROUP A B	
NAME OF SYSTEM Delores A. Sanford AGM 378					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED 9751 Eagle Creek Rd Leavenworth, WA				TELEPHONE NO. DAY () EVENING ()	
SAMPLE COLLECTED BY: (Name) Theresa A. Dunning				SYSTEM OWNER/MGR: (Name)	
SOURCE TYPE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> WELL or <input checked="" type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION <input type="checkbox"/> INTERMEDIATE or OTHER					
SEND REPORT TO: Theresa A. Dunning & Associates Inc. PO Box 777 Leavenworth WA 98826					
CIRCLE ONE: REPORT TO DOH <input checked="" type="checkbox"/> N FAX N OR Y - \$5.00 PREPAID FEE					

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input checked="" type="checkbox"/> Chlorinated (Residual: 10.24 Total: 3.10 Free)
	<input checked="" type="checkbox"/> Filtered
	<input checked="" type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	Lab # _____ Date _____
<input type="checkbox"/> RAW SOURCE WATER	Source # S [] [] [] [] <input type="checkbox"/> Coliform
<input checked="" type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> Fecal Coliform

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent
	<input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM _____ /100ml	E. COLI _____ /100 ml
FECAL COLIFORM _____ /100 ml	PLATE COUNT _____ /CFU/ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent growth
<input type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
<input type="checkbox"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF PINK COPY FOR EXPLANATION OF RESULTS

LAB Q.A. SIGNATURE June L. Burns		
LAB NO. (8DIGITS) 105-12372	DATE, TIME RECEIVED 11/8/01	RECEIVED BY JL
DATE REPORTED 11-9-01	Batch # 105027	

WATER SUPPLIER COPY

OIM 12372

AT C/L
Δ = 02°07'23"
R = 1329.90'
L = 47.35'

Δ = 12°33'43"
R = 344.76'
L = 307.14'

AT C/L
Δ = 14°01'44"
R = 308.00'
L = 19.41'

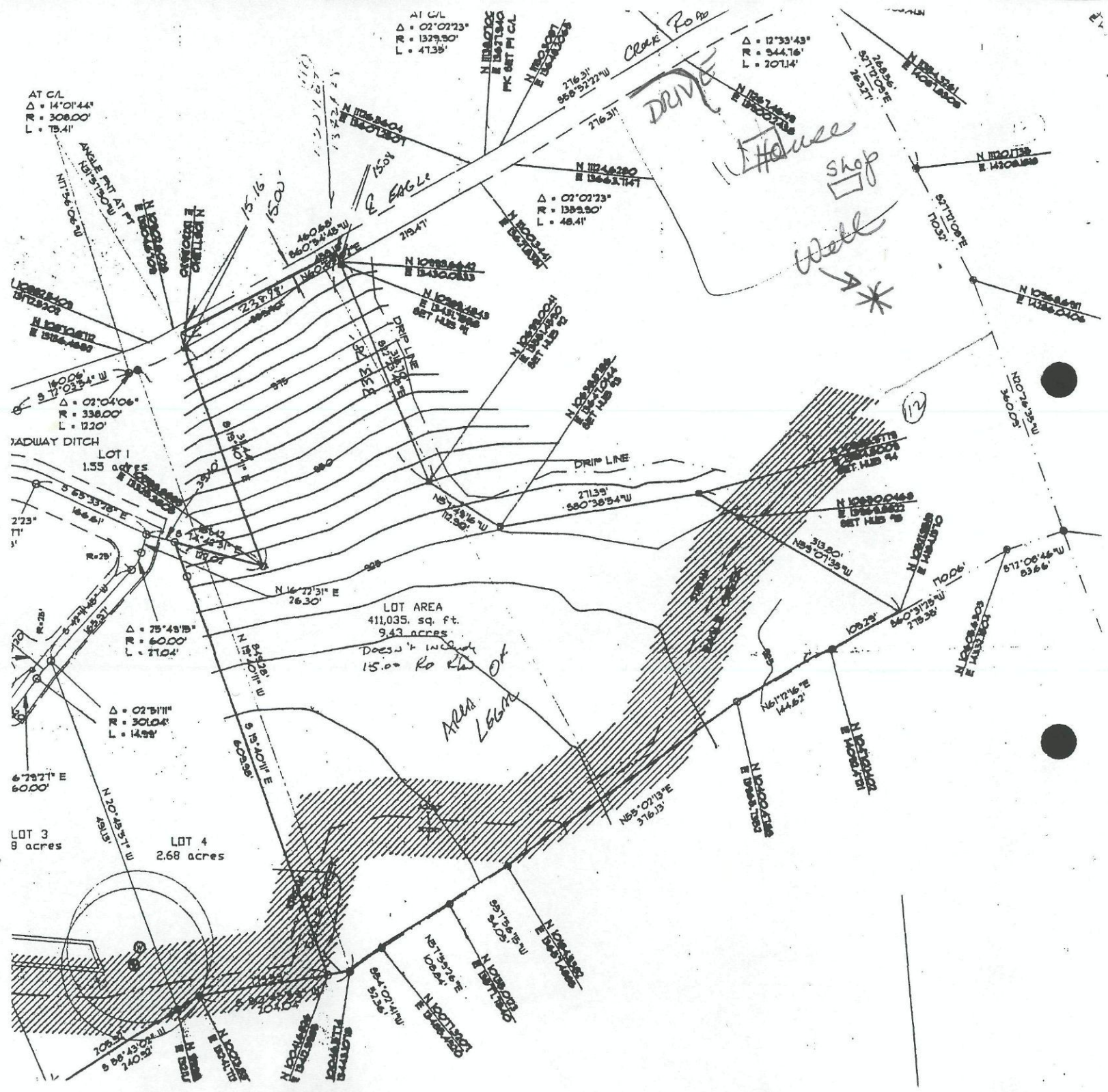
Δ = 01°07'23"
R = 1382.90'
L = 48.41'

Δ = 75°48'15"
R = 60.00'
L = 21.04'

Δ = 02°31'11"
R = 301.04'
L = 14.98'

LOT AREA
411,035 sq. ft.
9.43 acres
Doesn't include
15.00 Ro Rd or
Area of Lake

W. Sanford
12/24/01



That portion of Lots 3, 4 & 5 of the Replat of Eagle Dale Orchard Homes, being a portion of that legal description as recorded with the Chelan County Auditor's Office in Book 797 at Page 1140 and that legal descriptions as recorded with the Chelan County Auditor's Office in Book 795 at page 1501, being a portion of that Northeast $\frac{1}{4}$ of Section 28, and the Northwest $\frac{1}{4}$ of Section 27, all of T25N, R18E W.M. Chelan County, Washington, described as follows:

Beginning at the East $\frac{1}{4}$ corner of the said Section 28, thence along the centerline of the said Section 28 North $89^{\circ}13'36''$ West 1141.20 feet to a $\frac{5}{8}$ " rebar as set in that survey as recorded with the Chelan County Auditor's Office in Book 13 of Surveys at Page 99, and a point shown on the Replat of Eagle Dale Orchard Homes as a point on the Southwest corner of Lot 3 of the said Replat, thence along the West line of the said Lot 3 North $19^{\circ}17'44''$ West 124.35 feet to the most Southerly corner of Lot 3 of Short Plat #2755, thence along the South line of the said Short Plat North $58^{\circ}43'02''$ East 240.92 feet, thence North $80^{\circ}45'59''$ East 173.53 feet to the Southeast corner of Lot 4 of the said Short Plat #2755 and a point on the North line of that legal description as recorded with the Chelan County Auditor's Office in Book 797 at Page 1140, thence along the said North line North $80^{\circ}45'59''$ East 30.51 feet, thence continuing along the said North line North $54^{\circ}02'41''$ East 52.36 feet, thence North $57^{\circ}59'26''$ East 108.84 feet, thence North $57^{\circ}56'15''$ East 94.05 feet, thence North $55^{\circ}02'13''$ East 376.13 feet, thence North $61^{\circ}12'16''$ East 144.62 feet, thence North $60^{\circ}31'25''$ East 105.29 feet to the point of beginning of this description, thence leaving the said North line North $59^{\circ}07'35''$ West 313.80 feet, thence South $80^{\circ}38'54''$ West 271.39 feet, thence North $57^{\circ}49'16''$ West 112.90 feet, thence North $22^{\circ}23'45''$ West 333.78 feet to the Southerly R/W line of Eagle Creek County Road as measured 15.00 feet from centerline, thence along the said Southerly R/w Northeasterly to the East line of that legal description as recorded with the Chelan County Auditor's Office in Book 795 at Page 1501, thence along the East line of the said legal description South $27^{\circ}12'09''$ East 268.56 feet to a $\frac{5}{8}$ " rebar monument set in that survey as recorded with the Chelan County Auditor's Office in Book 13 of Surveys at Page 99, thence continuing along the said East line South $27^{\circ}12'08''$ East 170.32 feet, thence South $20^{\circ}26'35''$ East 360.09 feet to the most Southerly corner on the East line of that said legal description as recorded in Book 795 at Page 1501 and the most Northerly corner on the East line of that legal description recorded Book 797 at Page 1140, thence along the said line South $72^{\circ}08'46''$ West 83.66 feet, thence South $60^{\circ}31'25''$ West 170.06 feet to the point of beginning and the end of this description.

Sanford #96-94b
September 1, 1995
Doc 2



9-14-95

DELORES SANFORD - (727) 735-9091
914 CURLEW RD
DUNEDIN, FL 34698

SHIP DATE: 26DEC01
ACCT# 213241389
ACTUAL WGT: 1 LBS

TO: DEPT OF ECOLOGY - (727) 735-9091
CENTRAL OFFICE REGION
15 W. YAKIMA AVE

YAKIMA, WA 98902

7902 5792 3383
REF#1: 78948760PH

FedEx

****2DAY****

FRI

CAD: 4872601

26DEC01

LETTER

Deliver By:

TRK# 7902 5792 3383

Form
0201

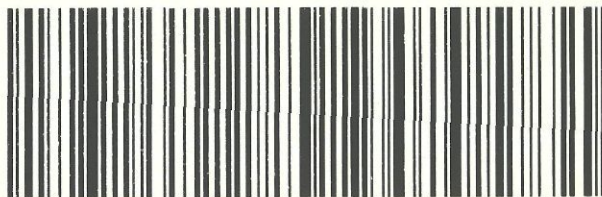
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28DEC01

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SB YKMA



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